County: Brown
SAN LUIS MEDICAL & REHAB CENTER
2305 SAN LUIS PLACE
GREEN BAY 54304 Pho GREEN BAY 54304 Phone: (920) 494-5231
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 139
Total Licensed Bed Capacity (12/31/00): 161
Number of Residents on 12/31/00: Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 119

**************************************	****	114 *************************	******	*******	*******	********	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/00)	Length of Stay (12/31/0	0) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No Yes No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	4. 4 43. 0 7. 0 0. 0 2. 6 2. 6 5. 3 7. 9	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	7. 9 16. 7 37. 7 32. 5 5. 3	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No Yes No	Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	9. 6 9. 6 1. 8 6. 1	Sex Mal e Femal e	29. 8	RNs LPNs Nursing Assistants Aides & Orderlies	9. 1 6. 4 36. 6
Developmentally Disabled	Yes		100.0		100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manage	ed Care	Percent		
			Per Die	m	Per Diem			Per Diem		Per Diem		Per Diem Total			Of All		
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 3	\$116. 56	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 9%
Skilled Care	16	100.0	\$270.00	73	94.8	\$99. 76	0	0.0	\$0.00	19	100.0	\$124.00	2	100.0	\$269.94	110	96. 5%
Intermedi ate				1	1.3	\$82. 97	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	0. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				2	2.6	\$147.35	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	1.8%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	16	100.0		77	100. 0		0	0.0		19	100.0		2	100.0		114	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent 13. 1 Resi dents Private Home/With Home Health 1. 3 Bathi ng 3. 5 7. 9 75. 4 21. 1 114 Other Nursing Homes 0.4 Dressi ng 71. 1 21. 1 114 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 82.6 Transferri ng 36.8 44.7 18. 4 114 22.8 0.0 Toilet Use 51.8 25.4 114 0.0 12. 3 17. 5 114 Other Locations 2.5 Total Number of Admissions 236 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 1 4. 4 Private Home/No Home Health 35. 5 Occ/Freq. Incontinent of Bladder **50.** 0 0.9 Private Home/With Home Health 3. 7 Occ/Freq. Incontinent of Bowel 0. 9 49. 1 Other Nursing Homes 4. 5 0.9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 23.7 Mobility 3. 5 Physically Restrained 5.3 0.0 33. 3 0.0 Other Locations 3.7 Skin Care Other Resident Characteristics 29. 0 Deaths With Pressure Sores 4.4 Have Advance Directives 96. 5 Total Number of Discharges With Rashes Medi cati ons 1.8 245 Receiving Psychoactive Drugs 47.4 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ershi p:	Bed	Bed Size:		ensure:		
	Thi s	Propri etary			199	Ski l		Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 9	82. 5	0. 90	83 . 6	0. 88	84 . 1	0. 88	84 . 5	0. 87
Current Residents from In-County	91. 2	83. 3	1. 10	86. 1	1.06	83. 5	1.09	77. 5	1. 18
Admissions from In-County, Still Residing	19. 9	19. 9	1. 00	22. 5	0.89	22. 9	0. 87	21. 5	0. 93
Admissions/Average Daily Census	198. 3	170. 1	1. 17	144. 6	1. 37	134. 3	1. 48	124. 3	1.60
Discharges/Average Daily Census	205. 9	170. 7	1. 21	146. 1	1.41	135. 6	1. 52	126. 1	1.63
Discharges To Private Residence/Average Daily Census	80. 7	70.8	1. 14	56 . 1	1. 44	53. 6	1. 50	49. 9	1.62
Residents Receiving Skilled Care	97. 4	91. 2	1. 07	91. 5	1.06	90. 1	1.08	83. 3	1. 17
Residents Aged 65 and Older	92. 1	93. 7	0. 98	92. 9	0. 99	92. 7	0. 99	87. 7	1.05
Title 19 (Medicaid) Funded Residents	67. 5	62. 6	1. 08	63. 9	1.06	63. 5	1.06	69. 0	0. 98
Private Pay Funded Residents	16. 7	24. 4	0. 68	24. 5	0. 68	27. 0	0. 62	22. 6	0.74
Developmentally Disabled Residents	4. 4	0. 8	5. 69	0.8	5. 33	1. 3	3. 49	7. 6	0. 57
Mentally Ill Residents	50. 0	30. 6	1.63	36. 0	1. 39	37. 3	1.34	33. 3	1.50
General Medical Service Residents	6. 1	19. 9	0. 31	21. 1	0. 29	19. 2	0. 32	18. 4	0. 33
Impaired ADL (Mean)	46. 0	48. 6	0. 95	50. 5	0. 91	49. 7	0. 93	49. 4	0. 93
Psychological Problems	47. 4	47. 2	1. 00	49. 4	0. 96	50. 7	0. 93	50. 1	0. 95
Nursing Care Required (Mean)	6. 3	6. 2	1. 02	6. 2	1. 01	6. 4	0. 97	7. 2	0. 87